

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40310

FILED JAN 5 1951

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>1432</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis - rural</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis City</u>		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Miller Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1108 Carroll</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>		b. (Middle) _____		c. (Last) <u>Heady</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 23 - 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 5 1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>MO - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.I.</u>	
13a. FATHER'S NAME <u>Keycutt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>John Heady, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Viola Plallis, 5827 Charlotte, Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>diabetic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>210X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Pura</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>50</u> , to <u>12-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>50</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Prater M.D.</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>12-26-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanton Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Stanton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-1950</u>		REGISTRAR'S SIGNATURE <u>C. Prater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. J. Frank</u>		ADDRESS <u>Cuba, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE No. 4

File No.

JAN 2 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.